CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The CIOH INSTRUCTION Guide explains how to complete this form. The CIOH INSTRUCTION Guide explains how to complete this form. The CIOH INSTRUCTION Guide explains how to complete this form. The CIOH INSTRUCTION Guide explains how to complete this form. THE CIOH INSTRUCTION Guide explains and complete explains how to complete	Texas Ethics Commission	P.O. Box 12070 Austin, Texas 78	3711-2070	(512)463-5800 1-800-325-8506
3 CANDIDATE / DFICE USE ONLY 3 CANDIDATE / OFFICE HOLDER NAME 4 CANDIDATE / OFFICE HOLDER ADDRESS / PO BOX. APT / BUTE R. CITY. STATE. ZIP CODE 5 CAMPAIGN TREASURER NAME 5 CAMPAIGN TREASURER ADDRESS / RO FOR DAY PLASE: APT / BUTE R. CITY. STATE. ZIP CODE 6 CAMPAIGN TREASURER (Residence or business) 7 CAMPAIGN TREASURER (Residence or business) 8 REPORT TYPE 1 Jensory 15 S OB Cay before decision Proof 10 APT OFFICE 10 APT OFFICE 10 APT OFFICE HOLDER ADDRESS / RO FOR DAY PLASE: APT / BUTE R. CITY. STATE. ZIP CODE 10 APT OFFICE HOLDER ADDRESS / Receipt # Amought Date Immorph 10 APT OFFICE 10 APT OFFICE HOLDER ADDRESS / Receipt # Amought Date Immorph 10 APT OFFICE 10 APT OFFICE 11 APT OFFICE 11 APT OFFICE 12 CODE 13 DRECT CAMPAIGN PROOF OR PLASE APT / BUTE R. CITY. STATE. ZIP CODE 14 ADDRESS / Receipt # Amought Date Immorph 15 APT / BUTE R. CITY. STATE. ZIP CODE 16 CAMPAIGN TO A AND ADDRESS / APT / BUTE R. CITY. STATE. ZIP CODE 17 CAMPAIGN PROOF OR PLASE R. APT / BUTE R. CITY. STATE. ZIP CODE 18 REPORT TYPE Jensory 15 S OB Cay before decision Recorded \$500 bird Prior report (Allace CCM - PH) 19 PERIOD DATE PROOF OR PLASE R. APT / BUTE R. CITY. STATE. ZIP CODE 10 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 10 APT OFFICE PROOF OR PLASE R. APT / BUTE R. CITY. STATE. ZIP CODE 10 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 11 OFFICE PROOF OR PLASE R. APT / BUTE R. CITY. STATE. ZIP CODE 12 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 13 DRECT CAMPAIGN R. APT / BUTE R. CITY. STATE. ZIP CODE 14 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 14 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 15 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 16 CAMPAIGN R. APT / BUTE R. CITY. STATE. ZIP CODE 17 APT / BUTE R. CITY. STATE. ZIP CODE 17 APT / BUTE R. CITY. STATE. ZIP CODE 18 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 19 APT / BUTE R. CITY. STATE. ZIP CODE 10 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP CODE 10 ADDRESS R. APT / BUTE R. CITY. STATE. ZIP C	ŀ			
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A CANDIDATE / OPFICEROLDER ADDRESS / POBIO. APT / SUITE # CITY. STATE. 7/P CODE STATE / OPFICEROLDER ADDRESS / POBIO. APT / SUITE # CITY. STATE. 7/P CODE STATE / OPFICEROLDER ADDRESS / POBIO. APT / SUITE # CITY. STATE. 7/P CODE STATE / OPFICEROLDER ADDRESS / POBIO. APT / SUITE # CITY. STATE. 7/P CODE STATE / OPFICEROLDER ADDRESS / OPFICEROLDE	OFFICEHOLDER		<u> </u>	OFFICE USE ONLY
Change of Address S224 Mesa Verde Lane El Paso TX 79904 Date Hand-delivered or Date Pastmarked Date Hand-delivered or Date Hand-delivered Date Han		· I	SUFFIX	CIT 2003
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TREASURER NAME ILAST COOK SUPFX Receipt # Amount Date Imaged 6 CAMPAIGN TREASURER ADDRESS (Residence or business) FINAL AREA CODE PHONE NUMBER July 15	Change of Address	El Paso TX 79904		
N. CKMAME LAST COOK Date Processed Table Processed Tab	TREASURER		М	<u>⊢</u> 1 ≈
STREET ADDRESS (Residence or business) TREASURER (Residence or business) TO CAMPAIGN TREASURER (Residence or business) TO CAMPAIGN TREASURER (PHONE NUMBER) TREASURER (PHO		i e	SUFFIX	Date Processed L Z
REPORT TYPE January 15 X 30th day before election Rundf 15th day after campaign treasurer appointment (office holder only)	TREASURER ADDRESS	3224 Mesa Verde Lane	TE#, CITY, STAIE,	
Shrivery 15	TREASURER		EXTENSION	
THROUGH O1/16/2003 O3/31/2003 10 ELECTION Control	8 REPORT TYPE			appointment (officeholder only)
Month Day Year Primary Runoff X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Address/PO Box; Apt. / Suite #, City, State, Zip Code Address/PO Box; Apt. / Suite #, City, State, Zip Code		THRO	JGH ,	[
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Address/PC Box; Apt. / Suite #, City; State; Zip Code	10 ELECTION	Month Day Year Primary	<u></u>	General Special
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Address/PO Box; Apt. / Suite #; City; State; Zip Code additional pages	11 OFFICE		12 OFFICE SOUGHT (# known)	
additional pages	DIRECT CAMPAIGN EXPENDITURE BY OTHER	Candidates are required to disclose this information of		
GO TO PAGE 2	additional pages	Address/PQ Box; Apt. / Suite #; City; State; Z	ip Code	
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Texas Ethics Commission

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Austin, Texas 78711-2070

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CANDIDATE SUPPORT &		OLDER REPORT:	FORM C/OH COVER SHEET PG 2
14 C/OH NAME John Cook			15 ACCOUNT # (Ethics Commission filers) 00037443
16 NOTICE FROM	have been made with	les political expenditures by political committees to support the cand tout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	idate / officeholder. These expenditures may as and officeholders are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	100000
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if no r	eportable activity occured during this reporting period. (Sign affidavid below and s	submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 560.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18240.00
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 166.29
	4. TOTAL F	OLITICAL EXPENDITURES	\$ 10512.41
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT		is true and correct and includes a me under Title 15, Election Code	andidate or Officeholder

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS Total pages this report: The INSTRUCTION GUIDE explains how to complete this form. 3/19 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Cook 00037443 Date 5 Full name of contributor out-of-state PAC(ID#_ In-kind contribution Amount of contribution (\$) description (if applicable) Fermin Acosta 6 Contributor address; City; State; Zip Code 100.00 03/05/2003 1334 Loma Verde El Paso TX 79936 9 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor ut-of-state PAC(ID#_____ Amount of In-kind contribution contribution (\$) description (if applicable) James and Nancy Amen 02/25/2003 Contributor address; City; State; Zip Code 100.00 5769 Corsicana Ave El Paso TX 79924 Principal occupation (Optional) Employer (Optional) Date Full name of contributor ut-of-state PAC(ID#_ In-kind contribution Amount of contribution (\$) description (if applicable) Jorge Azcarate Contributor address; City; State; Zip Code 02/25/2003 100.00 148 Aspen Drive El Paso TX 79915 Principal occupation (Optional) **Employer (Optional)** Date Full name of contributor out-of-state PAC(ID#_____ Amount of In-kind contribution contribution (\$) description (if applicable) Bert and Lisa Borsberry Contributor address; City; State; Zip Code 1000.00 02/25/2003 PO Box 640009 El Paso TX 79904-0009 Principal occupation (Optional) **Employer (Optional)** In-kind contribution Date Full name of contributor ut-of-state PAC(ID#___ Amount of contribution (\$) description (if applicable) **Bob Bowling** Contributor address; City; State; Zip Code 1000.00 02/25/2003 PO Box 4136 El Paso TX 79914 Principal occupation (Optional) Employer (Optional)

Principal occupation (Optional)

Principal occupation (Optional)

Full name of contributor | out-of-state PAC(ID#_

City; State; Zip Code

Charles and Deborah Conner

Contributor address;

6829 Canyon Run Drive El Paso TX 79912

Date

02/25/2003

P.O.Box 12070 Texas Ethics Commission Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS Total pages this report: The INSTRUCTION GUIDE explains how to complete this form. 4/19 2 FILER NAME (Ethics Commission filers) 3 ACCOUNT# John Cook 00037443 Date 5 Full name of contributor out-of-state PAC(ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Bob Brown 6 Contributor address; 100.00 03/03/2003 City; State; Zip Code 1031 Vinton Ave PO Box 1288 El Pas TX 79835 9 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor ut-of-state PAC(ID#____ Amount of In-kind contribution contribution (\$) description (if applicable) Juilet and Roman Bustillos Contributor address; City; State; Zip Code 500.00 02/25/2003 6721 Pearl Ridge Drive El Paso TX 79912-7524 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor out-of-state PAC(ID#_ Amount of contribution (\$) description (if applicable) James and Anneliesa Calnan Contributor address; City; State; Zip Code 02/25/2003 75.00 3232 Mesa Verde El Paso TX 79904 Principal occupation (Optional) **Employer (Optional)** Full name of contributor Out-of-state PAC(ID#____ Amount of In-kind contribution Date contribution (\$) description (if applicable) Cash Contributions Contributor address; City; State; Zip Code 680.00 02/25/2003 TX

Employer (Optional)

Employer (Optional)

Amount of contribution (\$)

100.00

Revised 12/01/1999

In-kind contribution

description (if applicable)

Texas Ethics Commission P.O.Box 12070 1-800-325-8506 Austin, Texas 78711-2070 (512)463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS Total pages this report: The INSTRUCTION GUIDE explains how to complete this form. 5/19 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Cook 00037443 Date 5 Full name of contributor ut-of-state PAC(ID#__ Amount of In-kind contribution contribution (\$) description (if applicable) John and Veronica Cook 6 Contributor address; City; State; Zip Code 100.00 02/25/2003 9904 Sidewinder El Paso TX 79924 9 Principal occupation (Optional) 10 Employer (Optional) Date Full name of contributor ut-of-state PAC(ID#_____ Amount of In-kind contribution contribution (\$) description (if applicable) Fredrick and Patrica Dalbin 02/24/2003 Contributor address; City; State; Zip Code 125.00 2409 Savannah El Paso TX 79930 Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution Date Full name of contributor ut-of-state PAC(ID#_ description (if applicable) contribution (\$) Dale and Holly Denney Contributor address; City; State; Zip Code 02/25/2003 100.00 1515 Camino Alto El Paso TX 79902 Principal occupation (Optional) Employer (Optional) Full name of contributor out-of-state PAC(ID#_____ Amount of In-kind contribution Date contribution (\$) description (if applicable) Fermin and Hortencia Dorado Contributor address; City; State; Zip Code 300.00 02/21/2003 4875 Cuartel Lane El Paso TX 79912 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor | out-of-state PAC(ID#____ Amount of contribution (\$) description (if applicable) City; State; Zip Code Contributor address; 250.00 03/14/2003 1117 Los Jardines Circle El Paso TX 79912 Principal occupation (Optional) Employer (Optional)

Te	xas Ethics Cor	nmission P.O.Box 12070 Austin	Texas 78711-2070	(512)46	3-5800 1-800-325-8506
		CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		SCHEDULE A 1 FOR FORMS C/OH & SPAC)
	The INSTRUCT	ON GUIDE explains how to complete this form.		1 Total pages this 6/1	· ·
2	FILER NAME John Cook	E		3 ACCOUNT# 00037443	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID# El Paso Municipal Police Officers Association PA	c	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/24/2003	6 Contributor address; City; State; Zip Code 747 E. San Antonio STE 103		150.00	
		El Paso TX 79901			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/25/2003	Contributor address; City; State; Zip Code 8811 Alameda		500.00	
		El Paso TX 79907			
	Principal occup	ation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Gerry and Cindy Fleharty		contribution (\$)	description (ii applicable)
	02/25/2003	Contributor address; City; State; Zip Code PO Box 4043		100.00	
		El Paso TX 79914			
	Principal occup	ation (Optional)	Employer (Options	al)	
-	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 1790 Lee Trevino		500.00	
		El Paso TX 79936			
	Principal occupa	ation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/15/2003	Contributor address; City; State; Zip Code 11223 Claymore		250.00	
		Houston TX 77024			
	Principal occupa	ation (Optional)	Employer (Optiona	ıl)	

Texas Ethics Commission

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

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	I TIE INSTRUCT	ION GUIDE explains how to complete this form.		7/19	
2	FILER NAME	<u> </u>	 -	3 ACCOUNT#	(Ethics Commission filers)
	John Cook			00037443	······································
4	Date	5 Full name of contributor ut-of-state PAC(ID# Ramiro Guzman)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2003	6 Contributor address; City; State; Zip Code 10216 Buckwood		200.00	
		El Paso TX 79925			
9	Principal occur	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 2244 Trawood Suite 100		500.00	
		El Paso TX 79935			
	Principal occup	pation (Optional)	Employer (Options	al)	
سنج	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/11/2003	Contributor address; City; State; Zip Code 10349 Dyer		500.00	
		El Paso TX 79924		:	
	Principal occup	pation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/27/2003	Contributor address; City; State; Zip Code 724 Imus		500.00	
		El Paso TX 79912			
	Principal occupa	ation (Optional)	Employer (Optiona	21)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2003	Contributor address; City; State; Zip Code PO Box 12220		500.00	
		El Paso TX 79913			
	Principal occupa	ation (Optional)	Employer (Optiona	ıl)	

Texas Ethics Commission P.O.Box 12070

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POLITICAL CONTRIBUTIONS

SCHEDULE A 1

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! FILER NAM John Cook	L		3 ACCOUNT# 00037443	(Ethics Commission filers)
Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
02/22/2003	6 Contributor address; City; State; Zip Code 7358 Luz de Dia		100.00	
	El Paso TX 79912-8455			
Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2003	Contributor address; City; State; Zip Code 1 McKelligon Canyon Road		1000.00	
	El Paso TX 79930			
Principal occu	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/25/2003	Contributor address; City; State; Zip Code 5588 Westside Drive		500.00	
	El Paso TX 79932			
Principal occup	pation (Optional)	Employer (Optional	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
02/10/2003	Contributor address; City; State; Zip Code 1 Mckelligon Canyon Road		1000.00	
	El Paso TX 79930			
Principal occup	pation (Optional)	Employer (Optiona	l)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2003	Contributor address; City; State; Zip Code 6145 Quail Ave Trailer 117		200.00	
	El Paso TX 79924	[
	ation (Optional)	Employer (Optiona	l)	

Te	xas Ethics Cor	nmission P.O.Box 12070 Austin	, Texas 78711-2070	(512)46	53-5800 1-800-325-850 0
		CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS	(SCHEDULE A 1 (FOR FORMS C/OH & SPAC)
	The INSTRUCTI	ON GUIDE explains how to complete this form.		1 Total pages this 9/1:	
2	FILER NAME John Cook	=		3 ACCOUNT# 00037443	(Ethics Commission filers)
4	Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2003	6 Contributor address; City; State; Zip Code 303 Texas Avenue STE 701		250.00	
		El Paso TX 79901-1455			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2003	Contributor address; City; State; Zip Code PO Box 221048 El Paso TX 79913		1000.00	
	Principal occur	pation (Optional)	Employer (Option	al)	
	гинсіраї оссир	alion (Optional)	Employer (option	ωι,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	Full name of contributor out-of-state PAC(ID# John and Eileen Karlsruher)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 717 Dulce Tierra Dr.		150.00	
		El Paso TX 79912			
	Principal occupa	ation (Optional)	Employer (Optiona	al)	
•	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 9473 E.B. Taulbee		100.00	[
		El Paso TX 79924			
	Principal occupa	ation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor out-of-state PAC(ID# Gerardo and Margarita Licon)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 5604 Eagle Point		250.00	
		El Paso TX 79912			!
	Principal occupa	ation (Optional)	Employer (Optiona	ai)	

(512)463-5800 P.O.Box 12070 Austin, Texas 78711-2070 1-800-325-8506 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS 1 Total pages this report: The INSTRUCTION GUIDE explains how to complete this form. 10/19 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Cook 00037443 Date 5 Full name of contributor out-of-state PAC(ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Robert McCarthy 6 Contributor address; City; State; Zip Code 100.00 02/25/2003 5108 Paris Avenue El Paso TX 79924 10 Employer (Optional) 9 Principal occupation (Optional) In-kind contribution Date Full name of contributor ut-of-state PAC(ID#____ Amount of contribution (\$) description (if applicable) Jimmy and Donna Melver Contributor address; City; State; Zip Code 75.00 02/24/2003 4716 Academy Circle El Paso TX 79924-3229 Principal occupation (Optional) **Employer (Optional)** Amount of In-kind contribution Date Full name of contributor ut-of-state PAC(ID#_ contribution (\$) description (if applicable) **Braxton Merritt** Contributor address; City; State; Zip Code 250.00 02/21/2003 2821 Titantic El Paso TX 79904 Principal occupation (Optional) **Employer (Optional)** Full name of contributor out-of-state PAC(ID#_____ Amount of In-kind contribution Date description (if applicable) contribution (\$) Suzanne Michaels Contributor address; City; State; Zip Code 100.00 02/25/2003 600 Woodlark Place El Paso TX 79912 Principal occupation (Optional) **Employer (Optional)** In-kind contribution Amount of Date Full name of contributor out-of-state PAC(ID#___ contribution (\$) description (if applicable) Edward Moreno Contributor address: City; State; Zip Code 75.00 02/28/2003 4971 RutherfordE El Paso TX 79924 Principal occupation (Optional) **Employer (Optional)**

(512)463-5800 1-800-325-8506 Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS 1 Total pages this report: The Instruction Guide explains how to complete this form. 11/19 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME John Cook 00037443 Date 5 Full name of contributor ut-of-state PAC(ID#_ Amount of In-kind contribution contribution (\$) description (if applicable) Esmail and Rosalinda Panahi _____ 6 Contributor address; City; State; Zip Code 100.00 02/25/2003 5616 Buckley El Paso TX 79912 10 Employer (Optional) 9 Principal occupation (Optional) Date Full name of contributor ut-of-state PAC(ID#____ Amount of In-kind contribution contribution (\$) description (if applicable) Rick and Kita Peterson Contributor address; City; State; Zip Code 200.00 02/25/2003 62810wl El Paso TX 79924 Principal occupation (Optional) **Employer (Optional)** Amount of In-kind contribution Full name of contributor ut-of-state PAC(ID# Date description (if applicable) contribution (\$) Contributor address; City; State; Zip Code 02/23/2003 150.00 2353 Anise El Paso TX 79936 Principal occupation (Optional) **Employer (Optional)** Full name of contributor Out-of-state PAC(ID#____ Amount of In-kind contribution Date contribution (\$) description (if applicable) Robert and Juliette Pitt Contributor address; City; State; Zip Code 100.00 02/20/2003 6 Mina Perdida El Paso TX 79902-2204 Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution Date Full name of contributor | out-of-state PAC(ID#_ contribution (\$) description (if applicable) Gary Porres Contributor address; City; State; Zip Code 250.00 02/25/2003 4606 Memphis El Paso TX 79903 Principal occupation (Optional) **Employer (Optional)**

		CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	(SCHEDULE A 1 FOR FORMS C/OH & SPAC)
	The INSTRUCT	ION GUIDE explains how to complete this form.		1 Total pages this	
2	FILER NAME John Cook	Ξ		3 ACCOUNT# 00037443	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID# Chuy and Martie Reyes		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2003	6 Contributor address; City; State; Zip Code 436 Mockingbird		250.00	<u> </u>
		El Paso TX 79907			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/05/2003	Contributor address; City; State; Zip Code 505 Upson		500.00	!
		El Paso TX 79902			
	Principal occup	pation (Optional)	Employer (Options	ai)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 7416 Luz De Lumbre		500.00	
		El Paso TX 79912-8474	., ., ., ., ., ., ., ., ., ., ., ., ., .	·	
	Principal occup	pation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/10/2003	Contributor address; City; State; Zip Code 109 N. Oregon Suite 800 El Paso TX 79901		500.00	
	Principal occup Attorney	ation (Optional)	Employer (Optiona Scherr Legate	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 619 Camino Real		500.00	
		El Paso TX 79922			
	Principal occup	ation (Optional)	Employer (Optiona	il)	

Te	xas Ethics Cor	nmission P.O.Box 12070 Austin	, Texas 78711-2070	(512)46	63-5800 1-800-325-850 0
		CAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	(SCHEDULE A 1 (FOR FORMS C/OH & SPAC)
	The INSTRUCTI	ON GUIDE EXPLAIRS how to complete this form.		1 Total pages this	
2	FILER NAME John Cook	E		3 ACCOUNT# 00037443	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	02/25/2003	6 Contributor address; City; State; Zip Code PO BOX 13611		500.00	
		El Paso TX 79913-3611			
9	Principal occup	pation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor out-of-state PAC(ID# Robert and Betty Sellers)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/24/2003	Contributor address; City; State; Zip Code 3224 Old Spanish Trail		300.00	
		El Paso TX 79904			Ĺ
	Principal occup	oation (Optional)	Employer (Option	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/25/2003	Contributor address; City; State; Zip Code 300 E Main Ste 1440		200.00	
		El Paso TX 79901			
	Principal occup	ation (Optional)	Employer (Optiona	al)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	02/26/2003	Contributor address; City; State; Zip Code 4240 Park Hill		150.00	†
		El Paso TX 79902			
	Principal occup	ation (Optional)	Employer (Optiona	al)	

2 FILER NAME 3	Total pages report: 14/19 ACCOUNT # (Ethics Commission files) 00037443 7 Amount (\$) 397.00	F
2 FILER NAME John Cook 4 Date 5 Payee name 03/12/2003 American Legion	14/19 ACCOUNT # (Ethics Commission filers) 00037443 7 Amount (\$)	
John Cook 4 Date 5 Payee name 03/12/2003 American Legion	00037443 7 Amount (\$)	
03/12/2003 American Legion	(\$)	
8 Purpose of expenditure (See instructions regarding type of information required.) Membership Dues 9 Complete if direct expenditure (Candidate / Officeholder name)	ure to benefit C/OH "" Office sought Office held	
Date Payee name 03/25/2003 Big Brothers Payee address; City; State; Zip Code	Amount (\$) 100.00	
тх		
Purpose of expenditure (See instructions regarding type of information required.) Ad Complete if direct expenditure (Candidate / Officeholder name)	re to benefit C/OH Office sought Office held	
Date Payee name 03/14/2003 Community Spirit Payee address; City; State; Zip Code	Amount (\$) 1200.00	
Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure (Candidate / Officeholder name	re to benefit C/OH " " Office sought Office held	
Date Payee name 02/27/2003 EPCDS Casino Nite Payee address; City; State; Zip Code TX	Amount (\$) 180.00	
Purpose of expenditure (See instructions regarding type of information required.) Complete if direct expenditure candidate / Officeholder name	re to benefit C/OH ** Office sought Office held	

Texas Ethics Co	mmission P.O.Box 12070 Austin, Texa	ıs 78711-2070	(512)463-5800	1-800-325-850
POLIT	ICAL EXPENDITURES		sci	HEDULE F
The Instruct	пон Guide explains how to complete this form.		1 Total pages report: 15/19	
2 FILER NAM John Cook	E		3 ACCOUNT # (Etnics 00037443	Commission filers)
4 Date	5 Payee name		7	Amount (\$)
02/25/2003	Edge of Texas			200.00
	6 Payee address; City; State; Zip Co.	de		
	El Paso TX			
8 Purpose of ex- information re Band for fun	• •	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH * name Office sought	Office held
Date	Payee name			Amount
02/25/2003	Edge of Texas			(\$) 100.00
	Payee address; City; State; Zip Coo	de		
	El Paso TX			
Purpose of ex information re Tip for staff	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH ** name Office sought	Office held
Date	Payee name			Amount
02/25/2003	Edge of Texas			(\$) 1 77 1.78
	Payee address; City; State; Zip Coo			
	El Paso TX			
Purpose of ex information re Fundraiser	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH "" ame Office sought	Office held
Date	Payee name			Amount
03/25/2003	El Paso Chamber of Commerce			(\$) 1 75.0 0
	Payee address; City; State; Zip Cod	le		
	тх			
Purpose of exp information red El Paso Days	•	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH " " ame Office sought	Office held

			1-800-325-850
ICAL EXPENDITURES		sc	HEDULE F
non Guide explains how to complete this form.		1 Total pages report: 16/19	
IE		3 ACCOUNT # (Ethics 00037443	s Commission filers)
5 Payee name El Paso Country Day School 6 Payee address; City; State; Zip Co			Amount (\$) 150.00
El Paso TX 79912 xpenditure (See instructions regarding type of equired.) ent in Year book			Office held
Payee name Gene Finke Campaign Payee address; City; State; Zip Cor	de		Amount (\$) 70.00
TX spenditure (See instructions regarding type of quired.)			• Office held
			Amount (\$) 1343.71
penditure (See instructions regarding type of quired.) ent Mailing	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sought	• Office held
Payee name Laven Printing Payee address; City; State; Zip Cod	de		Amount (\$) 1020.00
TX penditure (See instructions regarding type of quired.)			Office held
	5	S	Total pages report: 16/19 3 ACCOUNT # (think one) El Paso Country Day School 6 Payee address; City; State; Zip Code 109 Argonaut El Paso TX 79912 spenditure (See instructions regarding type of quired.) Payee name Gene Finke Campaign Payee address; City; State; Zip Code TX penditure (See instructions regarding type of quired.) Payee name H&H Dinero Payee address; City; State; Zip Code TX penditure (See instructions regarding type of quired.) Camplete if direct expenditure to benefit C/OH * Candidate / Officeholder name Citica sought of Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Citica sought of Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Citica sought of Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Citica sought of Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Citica sought of Complete if direct expenditure to benefit C/OH * Candidate / Officeholder name Ci

Payee name Mail Boxes Etc Payee address; City; State; Zip Code Dyer El Paso TX 79924 Tare (See instructions regarding type of ans for major contributors Payee name Northeast Civic Leaders Council		1 Total pages report: 17/19 3 ACCOUNT # (Ethics 00037443	Amount (\$) 333.00
Payee name Mail Boxes Etc Payee address; City; State; Zip Code Dyer El Paso TX 79924 ure (See instructions regarding type of) Ins for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe	17/19 3 ACCOUNT # (Ethics 00037443 7	Amount (\$) 333.00
Mail Boxes Etc Payee address; City; State; Zip Code Dyer El Paso TX 79924 ure (See instructions regarding type of) ns for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe	7 7 nditure to benefit C/OH **	Amount (\$) 333.00
Mail Boxes Etc Payee address; City; State; Zip Code Dyer El Paso TX 79924 ure (See instructions regarding type of) ns for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe		(\$) 333.00
Payee address; City; State; Zip Code Dyer El Paso TX 79924 ure (See instructions regarding type of .) ans for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe		333.00
Dyer El Paso TX 79924 ure (See instructions regarding type of .) ans for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe		
ure (See instructions regarding type of) ins for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe Candidate / Officeholder na		
ns for major contributors Payee name Northeast Civic Leaders Council	9 Complete if direct expe Candidate / Officeholder na		
Northeast Civic Leaders Council			
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Pavee address: City: State: Zip Code			(\$) 250.00
			200,00
тх			
re (See instructions regarding type of)	Complete if direct exper Candidate / Officeholder na	nditure to benefit C/OH = 1 me Office sought	- Office held
Payee name			Amount
Dotimists Clubs of El Paso			(\$) 1 00 .00
			100.00
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re (See instructions regarding type of	Complete if direct exper Candidate / Officeholder nai	nditure to benefit C/OH	Office held
avee name			Amount
•			(\$)
			100.00
ayee address, Oily, Jude, Zip Code			
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	Complete if direct expen Candidate / Officeholder nam	diture to benefit C/OH "" ne Office sought	Office held
	re (See instructions regarding type of large large name large address; City; State; Zip Code	Optimists Clubs of El Paso Payee address; City; State; Zip Code TX Tre (See instructions regarding type of Complete if direct exper Candidate / Officeholder nate of Candidate / Officeholder nate o	Optimists Clubs of El Paso Payee address; City; State; Zip Code TX Tre (See instructions regarding type of Complete if direct expenditure to benefit C/OH **Candidate / Officeholder name Office sought Payee name Reach for a Star Payee address; City; State; Zip Code TX Tre (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** To Complete if direct expenditure to benefit C/OH **

POLIT	ICAL EXPENDITURES	<u>/8/11-20/0</u>	(512)463-5800 Se	CHEDULE F	
The Instruction Guid∈ explains how to complete this form.			1 Total pages report: 18/19		
2 FILER NAM John Cook	E		3 ACCOUNT # (Eth 00037443		
4 Date 03/15/2003	5 Payee name SPS-LLC 6 Payee address; City; State; Zip Code		7	Amount (\$) 259.80	
8 Purpose of exinformation re Web page	spenditure (See instructions regarding type of	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH name Office sough		
Date 03/14/2003	Payee name Scoreboard - Andress Payee address; City; State; Zip Code			Amount (\$) 209.50	
Purpose of ex information rea	penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder r	enditure to benefit C/OH name Office sough		
Date 02/26/2003	Payee name Southwest Bench Ads Payee address; City; State; Zip Code			Amount (\$) 504.00	
Purpose of expenditure (See instructions regarding type of information required.) Bench Ads		Complete if direct exp Candidate / Officeholder n	enditure to benefit C/OH name Office sought		
Date 01/30/2003	Payee name Vantage Point Payee address; City; State; Zip Code El Paso TX			Amount (\$) 324.75	
Purpose of exp information req Business Car	penditure (See instructions regarding type of juired.)	Complete if direct expe Candidate / Officeholder n	enditure to benefit C/OH ame Office sought		

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POLIT	ICAL EXPENDITURES			SCI	HEDULE F	
The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME John Cook			1 Total pages	1 Total pages report: 19/19		
			3 ACCOUNT # (Ethics Commission filers) 00037443			
4 Date 03/28/2003	5 Payee name Vantage Point 6 Payee address; City; State; Zip Cod	e		7	Amount (\$) 1557.58	
8 Purpose of expenditure (See instructions regarding type of information required.) Design and Printing of Announcement Letter 9 Complete if direct expenditure (Candidate / Officeholder			spenditure to benefit C/OH " " r name Office sought Office held			